

Service Name	Day Treatment Mental Health and Substance Use Disorder for Youth
Setting	<p>Day Treatment Mental Health (MH) and Substance Use Disorder (SUD) services are provided in:</p> <ul style="list-style-type: none"> • Outpatient hospital • School • Community-based setting appropriate for the provision of this service • In alignment with the current edition, American Society of Addiction Medicine (ASAM) level 2.5 <p>If Day Treatment MH and SUD services will be provided in a school, the school must have a written contract with a mental health or substance use disorder treatment program that meets the standards of a licensed outpatient hospital or Mental Health Substance Abuse Treatment Center</p>
Licensure, Certification, or Accreditation	<p>The agency providing this service must be licensed by the DHHS Division of Public Health and accredited by CARF, TJC, or COA, and accredited to provide the level of care applicable to this service as required by DHHS Division of Medicaid and Long-Term Care (MLTC)</p> <p>Individual providers must be licensed by the DHHS Division of Public Health as required by DHHS Division of Medicaid and Long-Term Care (MLTC)</p>
Basic Definition	<p>Day Treatment MH and SUD provides comprehensive and structured services to youth aged 20 or younger that are designed to assist in restoring, maintaining, or increasing levels of functioning, minimizing regression, and preventing hospitalization. Day Treatment SUD services are individualized goal-oriented active treatment services that are therapeutically intensive and coordinated, offered within a stable therapeutic environment</p> <p>Day Treatment MH and SUD services:</p> <ul style="list-style-type: none"> • Improve the individual's condition • Restore the condition to the level of functioning before the onset of illness • Control symptoms • Establish and maintain a functional level to avoid further deterioration or hospitalization <p>The goal of the program is to improve the behavioral functioning or emotional adjustment of the individual in order that this service is no longer necessary</p> <p>Day Treatment MH and SUD services are expected to be age-appropriate forms of psychosocial, rehabilitation activities, psychotherapeutic services, social skills training, or training in basic care activities to retain or encourage age-appropriate or developmentally appropriate psychosocial, educational and emotional adjustment. The overall expected outcome is clinically adapted behavior on the part of the individual and the family</p>

Service Expectations	<p>For individuals in Dual Diagnosis and Mental Health programs:</p> <ul style="list-style-type: none"> • An Initial Diagnostic Interview (IDI) must be completed, if one has not been completed within the previous 12 months of admission to the service, prior to the initiation of treatment interventions. The IDI must establish the need for this service. The IDI must meet the requirements as noted in the Initial Diagnostic Interview Medicaid Service Definition <ul style="list-style-type: none"> ○ If the IDI was completed within the previous 12 months of admission to this service, a licensed clinician who is able to diagnose and treat major mental illness within their scope of practice, must review the IDI to determine if the diagnosis and treatment, recovery, and rehabilitation plan are still applicable. If there is new information available, including changes in the treatment, recovery, and rehabilitation plan, an update to the IDI must be documented in the form of an IDI addendum. The IDI addendum must reflect the individual's current functional status <p>For individuals in Substance Use Disorder only programs:</p> <ul style="list-style-type: none"> • A Substance Use Disorder Assessment must be completed prior to the beginning of treatment by a licensed clinician operating within their scope of practice. The SUD Assessment must meet the requirements as noted in the SUD Assessment Medicaid Service Definition <ul style="list-style-type: none"> ○ If a substance use disorder assessment was conducted within the previous 12 months prior to admission to the service, and is determined to be clinically relevant, it can serve as the SUD assessment for this service. If there is new information available, an update to the SUD assessment must be documented in the form of a SUD addendum. The SUD addendum must reflect the individual's current status ○ If a substance use disorder assessment is indicated and was not conducted within the previous 12 months prior to admission to the service, or the prior SUD assessment is not relevant and does not contain the necessary information, then a substance use disorder assessment must be performed <p>For individuals in all programs:</p> <ul style="list-style-type: none"> • An initial treatment, recovery, and rehabilitation plan must be developed within 24 hours to guide the first 10 days of treatment • Under clinical supervision, develop an Individualized Treatment, Rehabilitation, and Recovery Plan, including discharge plan and relapse prevention, with the individual (consider community, family and other supports) within 10 days of admission. • Review and update the Individualized Treatment, Rehabilitation, and Recovery Plan every 30 days or more often as clinically indicated. Review must be completed under a licensed clinician with the individual and must include family, guardians, other supports as authorized by the

	<p>individual</p> <ul style="list-style-type: none"> • The licensed clinician overseeing treatment must conduct a face-to-face session with the individual every 30 days, that is separate from the treatment, recovery, and rehabilitation plan review • Provide access to Medication Assisted Treatment (MAT) as medically appropriate • The program must provide a minimum of three hours of services five days a week, which is considered a half day for billing purposes. A minimum of six hours a day is considered a full day of service. Services may not be prorated for under three (or six) hours of services • The following services must be provided: <ul style="list-style-type: none"> ○ Psychological testing and diagnostic services, when clinically indicated, that contribute to the diagnosis and plan of care for the individual ○ At least one session of psychotherapy services, per scheduled treatment day, to provide active treatment for the individual's psychiatric condition. These services may include: individual psychotherapy, group psychotherapy, and family psychotherapy if appropriate ○ Psychotherapeutic treatment services and psychosocial rehabilitation services must be available ○ Medications: If medications are dispensed by the program, pharmacy services must be provided under the supervision of a registered pharmacist, or the program may contract for these services through an outside licensed/certified facility. All medications must be stored in a special locked storage space and administered by a physician, registered nurse, licensed practical nurse or a medication aid under the direction and monitoring of a registered nurse ○ When meals are provided, services must be supervised by a registered dietician, in accordance with the individual's medical dietary requirements ○ Nursing: A Registered Nurse (RN) or Licensed Practical Nurse (LPN) under RN supervision must evaluate and provide nursing care for the individual's medical needs in an outpatient hospital-based day treatment program. The nursing assessment must be completed within 24 hours of admission ○ Assessments for co-occurring conditions such as SUD and eating disorders ○ Psychoeducational services: <ul style="list-style-type: none"> ▪ Diagnosis ▪ Treatment and medications ▪ Relapse plan and prevention ▪ Symptom management ▪ Social skills ▪ Activities of daily living ▪ Life skills
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	<ul style="list-style-type: none"> ○ Psychoeducational services provided by a teacher specially trained to work with children and adolescents experiencing mental health or substance use disorders when required by law, will be available, though not necessarily provided by the Day Treatment program. These services may meet some strictly educational requirements but must also include the therapeutic component. Professionals providing these services must be appropriately licensed and certified for the scope of practice ○ Psychoeducational services must be provided by licensed clinicians or direct care staff. Medication education must be provided by a registered nurse. Other psychoeducational services may be provided by direct care staff whose education and training provides competency to provide this service ○ At least two of the following optional services as prescribed in the individual's treatment, recovery, and rehabilitation plan: <ul style="list-style-type: none"> ▪ Recreational therapy ▪ Speech therapy ▪ Occupational therapy ▪ Vocational skills therapy ▪ Social skills building ▪ Life survival skills ▪ Self-care skills ○ Community support services. Community support or social work staff assists with personal, family, and adjustment problems that may interfere with effective treatment ○ Crisis intervention provided as a day treatment service and may be provided in the home setting ○ Interventions for prevention and/or treatment for SUD as clinically indicated, by a licensed alcohol and drug counselor. ○ Educational program services: services, when required by law, must be available, though not necessarily provided by the Day Treatment program. Educational services must be only one aspect of the treatment, recovery, and rehabilitation plan, not the primary reason for admission or treatment. Educational services are not eligible for payment by Medicaid, and do not apply towards the three hours or six hours of therapeutic services ○ Medication management: when medication is prescribed by a licensed provider. This service is clinically necessary for medications prescribed for the mental health and/or substance use disorder for which the individual is in the Day Treatment MH and SUD program. A licensed provider prescribing the medication, whether within the program or outside of the program, must consult with the program periodically and may bill for all directly delivered medication management services separate from the payment to the program for Day Treatment services
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	<ul style="list-style-type: none"> ○ Special treatment procedures: Special treatment procedures in day treatment are limited to physical restraint, and locked time out (LTO). If the individual needs behavior management and containment beyond unlocked time outs or redirection, special treatment procedures may be utilized. Mechanical restraints and pressure point tactics are not allowed. Parents, legal guardian or the Clinical director must be informed within 24 hours each time they are used and must approve use of these procedures through informed consent ○ Day Treatment MH and SUD program must meet the following standards regarding special treatment procedures: <ul style="list-style-type: none"> ▪ De-escalation techniques must be taught to staff before the initiation of special treatment procedures and be used appropriately ▪ Special treatment procedures may be used only when the individual's behavior presents a danger to self or others, or to prevent serious disruption to the therapeutic environment ▪ The individual's treatment, recovery, and rehabilitation plan must address the use of special treatment procedures and have a clear plan to decrease the behavior for which the LTO and/or physical restraints have been used • Discharge planning is an ongoing process that occurs through the duration of service. A Discharge summary must be completed prior to discharge • Initial and full Individualized Treatment, Rehabilitation, and Recovery Plans, Nursing Assessments, Discharge Planning and Discharge Summaries must be completed in accordance with the requirements outlined in the document titled <i>Medicaid Requirements for Behavioral Health Services</i> • All services must be provided with cultural competence • Crisis assistance must be available 24 hours a day, 7 days a week
Length of Service	Length of service is individualized and based on clinical criteria for admission and continuing stay. The anticipated duration of the service must be documented in the treatment, recovery, and rehabilitation plan
Staffing (Detailed training and licensure requirements are referenced in the document titled <i>Medicaid Requirements for</i>	<p>Clinical Director: May be a:</p> <ul style="list-style-type: none"> • Physician: psychiatrist is preferable • Psychologist • Advanced practice registered nurse (APRN) • Physician Assistant (PA) • Licensed independent mental health practitioner (LIMHP) • Licensed mental health practitioner (LMHP)

<p><i>Behavioral Health Services)</i></p>	<p>For programs treating substance use disorders only, may also be a:</p> <ul style="list-style-type: none"> Licensed alcohol and drug counselor (LADC) <p>Licensed Clinicians May include:</p> <ul style="list-style-type: none"> Psychiatrist Physician Psychologist Provisionally licensed psychologist Advanced practice registered nurse (APRN) Physician Assistant (PA) Licensed Independent Mental Health Practitioner (LIMHP) Licensed mental health practitioner (LMHP) Provisionally licensed mental health practitioner (PLMHP) <p>For programs treating substance use disorders only, clinicians may also include:</p> <ul style="list-style-type: none"> Licensed alcohol and drug counselor (LADC) Provisionally licensed alcohol and drug counselor (PLADC) <p>All LIMHP, LMHP, PLMHP, LADC and PLADC staff must have the equivalent of one year of full-time work experience or graduate studies in direct child or adolescent services, ASD or DD services</p> <p>Direct Care staff</p> <ul style="list-style-type: none"> Direct care staff must be 20 years of age or older, and at least two years older than the oldest resident <p>All staff must meet the qualifications and supervision requirements as defined in the document titled <i>Medicaid Requirements for Behavioral Health Providers</i></p> <p>All staff are required to work within their scope of practice to provide mental health, substance use disorder, or co-occurring mental health and substance use disorder treatment</p>
<p>Staffing Ratio</p>	<p>Therapist to individual 1:12 Direct care staff to individual 1:6 A licensed clinician and direct care staff must be available on-call 24 hours a day</p>
<p>Hours of Operation</p>	<p>May be available seven days a week with a minimum availability of five days a week including days, evenings and weekends</p> <p>Family sessions are to be scheduled in a flexible manner to accommodate evenings and/or weekends</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> The individual has substantially met the treatment, recovery, and rehabilitation plan goals and objectives

	<ul style="list-style-type: none"> • The precipitating condition and relapse potential is stabilized such that there is sustained improvement in health and psychosocial functioning • The individual's condition can be managed without the professional external supports and intervention at this level of care • The individual has alternative support systems secured to help maintain active recovery and stability in the community • The individual is connected to the next appropriate level of care necessary to treat the condition
Admission Guidelines	<p>For programs providing mental health treatment only:</p> <ul style="list-style-type: none"> • The individual meets the diagnostic criteria for a Mental Health Disorder as defined in the Diagnostic and Statistical Manual (DSM), current edition <p>For programs providing substance use disorder or co-occurring substance use and mental health disorder treatment:</p> <ul style="list-style-type: none"> • The decision to admit an individual to Day Treatment MH and SUD (ASAM level 2.5) must be based on current edition, DSM diagnosis criteria and an appropriate Level of Care determination using the six dimensions of the current ASAM Criteria <p>All programs:</p> <ul style="list-style-type: none"> • The individual has significant functional impairments related to the mental health or substance use disorder diagnosis • The presence of signs or symptoms negatively impact the individual's ability to function successfully in home, community and/or school settings • Of all reasonable options available to the individual, Day Treatment MH and SUD is the best treatment option with expectation of improvement in the individual's behavioral functioning • This level of care is the least restrictive setting that will produce the desired results in accordance with the needs of the individual • The individual must have undergone a health check EPSDT screen prior to admission to Day Treatment MH and SUD services
Continued Stay Guidelines	<p>It is appropriate to retain the individual at the present level of care if:</p> <ul style="list-style-type: none"> • The individual is making progress but has not yet achieved the goals articulated in the individualized treatment, recovery, and rehabilitation plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward their treatment goals, or • The individual is not yet making progress but has the capacity to resolve their problems. The individual is actively working toward the goals in the individualized treatment, recovery, and rehabilitation plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward their treatment goals, or

	<ul style="list-style-type: none">• New problems have been identified that are appropriately treated at this level of care. This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively.• If the individual is receiving substance use disorder or co-occurring mental health and substance use disorder treatment:<ul style="list-style-type: none">○ To document and communicate the individual's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria must be reviewed. If the criteria apply to the individual's existing or new problem(s), they should continue in treatment at the present level of care
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